



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

INTEGRA SPECIALTY GROUP PA
517 NORTH CARRIER PARKWAY SUITE G
GRAND PRARIE TX 75050

Respondent Name

AMERICAN HOME ASSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-10-5309-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary dated January 28, 2011: "Some payments have been made as the carrier indicated. However, not ALL the payment s have been made and Integra wishes to pursue MDR further. The outstanding balance is now at 866.11 ranging from DOS of 9/18/09 to 3/11/10 as indicated by the table that has been attached to this e-mail."

Amount in Dispute: \$866.11

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Addition recommendation made on check # 07284878 for \$3541.85."

Response Submitted by: Specialty Risk Services, 35 Tesla Way #100, Irvine, CA 92618

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 18, 2009	Office Visit – CPT Code 99211	\$15.05	\$15.05
November 18, 2009 December 2, 2009	Office Visit – CPT Code 99213	\$24.72/day	\$49.44
January 13, 2010 January 26, 2010 March 2, 2010	Office Visit – CPT Code 99213	\$0.54/day	\$0.00
March 11, 2010	Chronic Pain Management – CPT code 97799-CP (8 hours)	\$800.00/day	\$800.00
TOTAL		\$866.11	\$864.49

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.204, effective March 1, 2008, sets the reimbursement guidelines for the disputed services.
3. 28 Texas Administrative Code §134.600, requires preauthorization for specific treatments and services.
4. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputes service.
5. Texas Labor Code §408.027(a), effective September 1, 2007, requires health care provider to submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee.
6. 28 Texas Administrative Code §133.20(b), effective January 29, 2009, "Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.
7. 28 Texas Administrative Code § 102.4, effective May 1, 2005, outlines general rules for non-commission communication.
8. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated October 2, 2009

- W1-Workers comp state fee sched adjust. Reimbursement based on Medicare fee schedule amount for facilities.

Explanation of benefits dated December 23, 2009

- Exceeds claim treatment plan limits.

Explanation of benefits dated January 7, 2010

- Exceeds claim treatment plan limits.

Explanation of benefits dated February 19, 2010

- Exceeds claim treatment plan limits.
- B5-Coverage program guidelines were not met or were exceeded.

Explanation of benefits dated July 6, 2010

- Please submit a copy of the report and the bill for our review.
- 16-Claim/service lacks information which is needed for adjudication.

Explanation of benefits dated July 8, 2010

- 29-The time limit for filing has expired.

Explanation of benefits dated July 26, 2010

- W1-Workers compensation state fee schedule adjustment.
- This recommended payment is a result of your inquiry and is in addition to a recommendation previously made by the former bill review company.
- This procedure was previously reviewed by the former bill review company and paid by the claim administrator. We agree with the original review.
- Payment recommended on den 1050766.

Explanation of benefits dated September 14, 2010

- W1-Workers compensation state fee schedule adjustment.
- Charge exceeds fee schedule allowance.
- This procedure on this date was previously reviewed.
- 18-Duplicate claim/service.

Issues

1. Does an exceeding the treatment guideline issues exist?
2. Does the documentation support the billed office visits?

3. Is the requestor entitled to additional reimbursement for the office visits?
4. Did the requestor bill within the statutory 95 day deadline for the chronic pain management program rendered on March 11, 2010?
5. Is the requestor entitled to reimbursement for the chronic pain management program?

Findings

1. The respondent denied reimbursement for the disputed office visits on the initial EOBs based upon reason codes "Exceeds claim treatment plan limits"; and "B5-Coverage program guidelines were not met or were exceeded". A review of the reconsideration EOBs finds that upon reconsideration, the respondent did not maintain this denial reason and issued payment based upon the medical fee guideline. Therefore, a exceeding the treatment guideline issue does not exist.
2. The respondent initially denied reimbursement for the office visits based upon reason codes "Please submit a copy of the report and the bill for our review "; and "16-Claim/service lacks information which is needed for adjudication". A review of the reconsideration EOBs finds that upon reconsideration, the respondent did not maintain this denial reason and issued payment based upon the medical fee guideline. Therefore, a lack of documentation issue does not exist.
3. Division rule at 28 TAC §134.203(a)(5), states "'Medicare payment policies' when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

On September 18, 2009 the requestor billed CPT code "99211- Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services."

Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

Review of Box 32 on the CMS-1500 the services were rendered in zip code 75050, which is located in Dallas County.

The 2009 MAR for CPT code 99211 in Dallas County is \$28.07. The respondent paid \$13.02. The difference between the MAR and amount paid is \$15.05; this amount is recommended for additional reimbursement.

In addition to the office visit coded 99211, the requestor billed for five office visits coded "99213-Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family."

The 2009 MAR for CPT code 99213 in Dallas County is \$91.92. The respondent paid \$67.20. The difference between the MAR and amount paid is \$24.72. This amount multiplied by the two dates = \$49.44; this amount is recommended for additional reimbursement.

The 2010 MAR for CPT code 99213 in Dallas County is \$99.13. The respondent paid \$99.14; therefore, additional reimbursement is not recommended for the three office visits billed in 2010.

4. The respondent denied reimbursement for the March 11, 2010 chronic pain management program based upon reason code "29-The time limit for filing has expired".

Texas Labor Code §408.027(a), states "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 Texas Administrative Code §133.20(b), states "Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

28 Texas Administrative Code § 102.4(h), titled *General Rules for Non-Commission Communication*, effective May 1, 2005 states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:

- (1) the date received, if sent by fax, personal delivery or electronic transmission or,
- (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

The Division finds that the requestor supported position that the bill was originally sent to the respondent on May 19, 2010; thus, the bill was submitted within the statutory 95 day deadline.

5. 28 Texas Administrative Code §134.204(h)(1)(B) states "If the program is not CARF accredited, the only modifier required is the appropriate program modifier. The hourly reimbursement for a non-CARF accredited program shall be 80 percent of the MAR."

28 Texas Administrative Code §134.204(h)(5)(A) and (B) states "The following shall be applied for billing and reimbursement of Chronic Pain Management/Interdisciplinary Pain Rehabilitation Programs:

(A) Program shall be billed and reimbursed using CPT Code 97799 with modifier "CP" for each hour. The number of hours shall be indicated in the units column on the bill. CARF accredited Programs shall add "CA" as a second modifier.

(B) Reimbursement shall be \$125 per hour. Units of less than one hour shall be prorated in 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to eight minutes and less than 23 minutes."

The Division finds that the requestor billed CPT code 97799-CP for 8 hours. Therefore, per 28 Texas Administrative Code §134.204(h)(1)(B) and (5)(A) and (B), the MAR for a non-CARF accredited program is \$100.00 per hour (\$125.00 X 80%). \$100.00 times the 8 hours billed is \$800.00. The respondent paid \$0.00. The difference between the MAR and amount paid is \$800.00. This amount is recommended for reimbursement.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation supports reimbursement sought by the requestor. The Division concludes that the requestor supported its position that reimbursement is due. As a result, the amount ordered is \$864.49.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$864.49 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	5/7/2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.